

Participant Information Form

For Office Use: Class (site name and time):
Thank you for taking the time to complete this survey. Please print your answers to the questions on both sides of this form. While you may leave any question blank, we encourage you to complete the survey. Summarized information from all participants will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful. All your answers will be kept strictly confidential.
Personal Information
Name: MI Last
Is there a nickname that you prefer to use? Month Day Year Birth Date: / / / / / / / / / / / / / / / / / / /
Gender: O Female O Male O Other
How did you hear about EnhanceFitness?
Contact Information Street: State: State:
Zip Code: Phone: () -
Email:
Demographic Information 1a. Do you speak a language other than English at home? O Yes What language? O No
1b. Do you sometimes have difficulty speaking English? O Yes O No
1c. Do you sometimes have difficulty understanding English? O Yes O No

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Demographic Information (2) What is the highest level of	(continued) education that you have completed?
O Less than high school	
O Some high school	O College graduate
O High school graduate	
3. What is your yearly income	?
O Less than \$15,000	O \$50,000 to \$75,000
○ \$15,000 to \$24,999	O More than \$75,000
O \$25,000 to \$49,999	
4a. Are you of Hispanic, Latino	o, or Spanish origin?
O Yes, Hispanic/Latino	O Unknown
O No, not Hispanic/Latino	
4b. Please select one or more	of the following that best defines your race:
O American Indian/ Alaska	Native O Hawaiian Native/ Pacific Islander O Unknown
O Asian/ Asian-American	O White/ Caucasian
O Black/ African-American	O Other
5. What is your current marita	al status?
O Single (never married)	O Married O Divorced
O Partnered (living with so	meone) O Separated O Widowed or Widowered
6a. How many people live in y	our household (including yourself)?
6b. How many children (unde	r age 18) live in your household?
·	th problem that requires you to use special equipment, special bed or special telephone? O Yes O No
	vities because of physical, mental or emotional problems?
	O Yes O No
8. Are you an immigrant, refug	gee or new arrival to this country? O Yes O No O Unknown
9. Have you ever served on act National Guard? O Yes O	rive duty in the U.S. Armed Forces, military Reserves, or No
10. Do you have health insura	nce? (Check all that apply.)
O Medicare O Medica	aid O Private Insurance